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CLAIMANT'S NAME

CLAIMANT'S NAME			SSAN OR EMPLOYEE NUMBER		DEPARTMENT	
Matthew David					Governor's Office	
POSITION		CB/D NUMBER	DIVISION OR BUREAU			INDEX NUMBER
Deputy Chief of Staff			Communications			
RESIDENCE ADDRESS			HEADQUARTERS ADDRESS			TELEPHONE NUMBER
			State Capitol			
CITY	STATE	ZIP	CITY	STATE	ZIP	
			Sacramento	California	95814	

<div><div></div><div>MONTH/YEAR</div></div>		LOCATION WHERE EXPENSES WERE INCURRED	LODGING	MEALS			INCIDENTALS	TRANSPORTATION				BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY	
DATE	TIME			BREAKFAST	LUNCH	DINNER		COST OF TRANS.	TYPE USED	CARFARE, TOLLS, PARKING	PRIVATE CAR USE MILES AMOUNT			
29-Apr	6pm	Burbank > Sac.						176.70				0.00		176.70
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
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												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
SUBTOTALS			0.00	0.00	0.00	0.00	0.00	176.70	0.00	0.00	0	0.00	0.00	
COLUMN CODE (ACCTG. USE ONLY)														
CLAIM TOTAL													\$176.70	

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)

Staff for Governor's Tonight Show appearance

NORMAL WORK HOURS

PRIVATE VEHICLE LICENSE NUMBER

MILEAGE RATE CLAIMED

0.445

AGENCY ACCOUNTING OFFICE

USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

I HEREBY CERTIFY, That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE

DATE _____

SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

DATE _____

SIGNATURE OF TITLE OF AUTHORITY FOR SPECIAL EXPENSES

DATE _____

TRAVEL EXPENSE CLAIM

See Instructions and Privacy
Statement on Reverse Side

STD. 262 (REV. 10/92)

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CLAIMANT'S NAME Matthew David		SSAN OR EMPLOYEE NUMBER		DEPARTMENT Governor's Office	
POSITION Deputy Chief of Staff		CB/ID NUMBER		DIVISION OR BUREAU Communications	
RESIDENCE ADDRESS		HEADQUARTERS ADDRESS State Capitol		INDEX NUMBER	
CITY	STATE	ZIP	CITY	STATE	ZIP
Sacramento		California		95814	

MONTH/YEAR 4/10		LOCATION WHERE EXPENSES WERE INCURRED	LODGING	MEALS			INCIDENTALS	TRANSPORTATION				BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
DATE	TIME			BREAKFAST	LUNCH	DINNER		COST OF TRANS.	TYPE USED	CARFARE, TOLLS, PARKING	PRIVATE CAR USE MILES AMOUNT		
14-Apr	6am	Sac > LA > NYC						174.70		40.00	0.00		214.70
15-Apr	4:25pm	NY > Newark > Jackson					6.00			90.00	0.00		96.00
16-Apr		Jackson									0.00		0.00
17-Apr		Jackson									0.00		0.00
18-Apr	3:35pm	Jackson > SMF						453.90		40.00	0.00		493.90
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
SUBTOTALS			0.00	0.00	0.00	0.00	6.00	628.60	0.00	170.00	0	0.00	
COLUMN CODE (ACCTG. USE ONLY)													
CLAIM TOTAL												802.71	804.60

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)

Staff for Governor's Riverkeeper Speech

NORMAL WORK HOURS

PRIVATE VEHICLE LICENSE NUMBER

MILEAGE RATE CLAIMED

0.445

AGENCY ACCOUNTING OFFICE

USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

241009

I HEREBY CERTIFY, That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE	DATE	SIGNATURE OF TITLE OF AUTHORITY FOR SPECIAL EXPENSES	DATE
			5/5/10